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Weekly Bulletin



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GUY P. JONES
EDITOR

Case of Yaws Found in California.

A case of yaws appeared recently in California and information is desired from physicians and health officers throughout the state relative to the possibility of other cases having appeared at some previous time. Dr. Harry E. Alderson of the Stanford University Medical School has requested the State Board of Health to submit the following questionnaire to readers of this publication. Replies should be sent to the State Board of Health, Division of Epidemiology, 720 Wells Fargo Building, San Francisco.

1. Have you seen any cases of yaws in California? How many?
2. If so where was the disease contracted?
3. Nationality of patient?
4. Character of lesions?
5. Was Wassermann test made?
6. Were examinations made for spirochetes?
7. How was the diagnosis established?
8. What was the treatment?
9. Results of treatment?
10. Remarks.

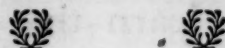
Yaws, a tropical disease, closely resembles syphilis, but is entirely distinct from that disease. It is not a "venereal" disease. The infection is caused by the *Treponema pertenue* and is transmitted, nearly always, by direct contact. Salvarsan products are used successfully in the treatment of the disease but mercury is of no value whatsoever. A few cases have been reported from the southern part of the United States. The disease is found in many of the Pacific Islands and is common in most tropical countries.

Camp Sanitation
Regulations Amended.

At its regular meeting held in Sacramento, January 6, 1923, the California State Board of Health amended rules 3 and 5 of the Regulations Governing Campground Sanitation, adopted December 4, 1920, to read as follows:

Rule 3. Fly-tight privies or water-flushed toilets shall be provided and shall be maintained in a clean and sanitary condition. Separate toilets for men and women shall be provided, one for each 25 men, and one for each 25 women, or fraction thereof, of the maximum number of persons occupying such tract at any time. No camp or picnic spot within such tract shall be at a greater distance than 400 feet from both a men's and a women's toilet. The location of all toilets shall be plainly indicated by signs.

Rule 5. The method of final sewage or refuse disposal utilized in connection with the operation of any camp or picnic grounds shall be such as to create no nuisance. A sufficient number of iron hoppers or basins, connected with sewerage systems or covered cesspools, to be used for the proper disposal of domestic waste waters shall be provided.



Public Health and Human Welfare.

Dr. Ray Lyman Wilbur, President of the American Medical Association and President of Stanford University, recently delivered an address at the Annual Conference of California Health Officers at Stanford University. This conference was held in conjunction with the annual convention of the League of California Municipalities and Dr. Wilbur's address was given before a large group of city and county officials. Space is available in this publication for ex-

cerpts only from Dr. Wilbur's forceful talk. In the course of his remarks he made the following statements:

We carry the burden of the sick. Everybody that has a reserve, financial or physical, must put it in to carry the great burden of the insane, the weak, the syphilitic. We all have to put in our share. We put too much into carrying the burden, and too little in trying to reduce it. We could reduce it if we would go at the problem with these essential things before us. And it is a public as well as an individual duty to reduce the size of the terrible burden that we all must carry in connection with the lack of proper attention to the public health.

I could go on and discuss the problem of accidents, safety-first methods, surgery and industry, and all of those various other measures that are of such great importance. But I want you, just as community men, with community responsibilities, to stop and think in terms of your duty and responsibility in connection with the one most valuable asset in our civilization, and that is the child—the child of today. The health of that child is the greatest asset of the nation. So that the health of the school child and the education of the school child are the most important things before you as public officials. If you save on the schools, if you save on the health of the child, you may not live to pay for it, but that child will have to pay for it. You have not given the child proper service. You have got to figure in terms of what that child will be when twenty or thirty years have rolled by. Will that child be in the insane asylum? Will it be a worthless bum, because infected with venereal disease? Will it be crippled because it has had diphtheritic paralysis? Or will that child be sound, wholesome, a good citizen, working and trying to advance the welfare of the community? * * *

We have to learn that our most important problems are problems concerning the public health. The world is in a great turmoil. Europe has had its standard of living pulled down. Ours is the highest standard in the world. We have inherited a great continent and had great margins. But we must realize that the problem of our returned soldier today is much more complicated than it was after the civil war, when we had the great territories at our command practically uninhabited. That applies to all life. Our margins as an economic nation have been reduced. The necessity for meeting these problems has been increased. We have to be intelligent

about it, whether we want to or not. We must meet it, if we are to win out.

Now, great success has been made along the line of public health. People live longer than they used to, because we have learned what some of the rules are. More babies live. In this country we live twenty years longer than we did in George Washington's time. And that is because we have learned the methods of death, so to speak, and we have learned how to avoid them. So we are making great and unusual progress, and at the forefront of that progress stands the group of men in connection with our great institutions, our universities that are studying all the time to find out new things about these fields, to put light in the dark places. And we find here one of the most remarkable phenomena in human nature. Here we have made all this progress so that we are able to go out into the San Joaquin Valley and set up a community which can grow to two thousand people at the end of two years. We can make it safe. We can get rid of flies and mosquitoes, we can make the water safe to drink, bring in good food—we have learned all the rules. We can keep smallpox out, if we want to, we can dodge cholera and all other things that we might have expected in years gone by. We have found out what to do by steady experimentation in our universities and our laboratories, because we have about the best brains in the community there. * * *

Through medicine, public health has reached the stage today where it is a matter of dollars and cents. It is purchasable. You can buy it for your community. Goethals, for a cent per person per day, brought health for the canal zone. Chicago, at the same time, was spending twenty-one cents per year per person, and had fifteen thousand preventable deaths per year. If they had just put in the money that was put in the Panama Canal Zone, they could have arrested all that waste of land that went into cemetery lots. You can put it just as you like, but if we want to reach the proper position in the matter, the only way to succeed and progress is by remembering something which was said a long time ago, that a healthy mind in a healthy body is the first essential. This gets truer every year.

So it is your problem in your communities to see that you purchase enough of this commodity for your people. You have got to see further than the ordinary individual, you must study out the things that make for sound human beings, and you have got to start in with

the school children above all things. You must oppose prejudice, misunderstanding, and all that sort of thing. Is there any other solution? You know perfectly well there is none. That is the only solution, to take the information that we have, add to it, and do the best we can. We are a democracy. It takes a long time to educate the members of our democracy, but we must keep at it. Disraeli, the great Englishman, said: "The first consideration of an enlightened statesman should be the health of the people." Isn't that right? It is the first consideration. What is all the rest about? What is the good of having beautiful streets if you are dead? What do you want of wonderful city planning, if half your people are going to die off early and not see the results? The first thing is to get the public health up, make your community that kind of a community. If you are only interested in people paying taxes, just remember that they pay them longer if they are alive. So, looking at it from any angle that you want, that becomes the primary thing, and you have got to interest yourselves in it.

We all know, when we meet the immediate consequence of a single bereavement, of a single sickness, of a child dying, and that sort of thing, how it appeals to our hearts. The difficulty is, we don't analyze it. We are still primitive. We don't analyze and say, "Was this a preventable death in this community? Is this one of the things that nature demands of us, or is it a thing we could have stopped?" When you look over the death rate and look over the funeral notices, just think in terms of the persons involved, and what it means. And when you think in those terms you will become real servants for your community in public health.

PRE-NATAL TALK.*

The Obstetrical Nurse.

The nurse who is engaged early in the pre-natal period is offered the opportunity of meeting her patient and winning her confidence and friendship. She may call upon her at leisure and prove no end of help to the obstetrician in explaining and emphasizing the details of care which help the welfare of both the babe and expectant mother. She must be prepared to assist in the selection of the babe's layette and be ready to advise the mother in the matter of clothing for herself.

*Twelfth talk in series published every Saturday in San Francisco Call.

To the nervous, sensitive woman, a sympathetic, serious attitude in explaining and dispelling superstitions and depressing beliefs will be a great comfort.

Duties of Nurse.

During the period of labor the nurse should have an intelligent understanding of what is taking place. Here, again, she will prove helpful to the doctor and patient. She must be adaptable to individuals, gentle, cheerful, encouraging and sympathetic always. With the nervous, hysterical patient she must be calm and reassuring but firm.

Following delivery it is the duty of the nurse to provide comfort and quiet for the new mother, create a cheerful, happy atmosphere and guard her against unpleasantness. She must impress her with the importance of mother's milk for the new baby and establish a routine which can be easily adhered to in the new home.

At the end of the second week the nurse accompanies the patient to her home. Here she must be adaptable to surroundings, unobtrusive and considerate of servants.

Work in Kitchen.

It is almost always necessary for the nurse to be in the kitchen for a short time each morning. The preparation of food, sterilizing, etc., make this unavoidable. It is well to choose a time for such work when the cook is engaged elsewhere; confusion and unpleasantness will therefore be avoided.

The trip from hospital to home is somewhat of a strain upon the patient. She must be put to bed upon her arrival and be persuaded to remain there during the greater part of the twenty-four hours following.

The second day the nurse should invite the new mother into the nursery and step by step introduce her to the daily routine. Instructions should be painstaking and thorough. The nurse must remember that everything she does is watched and carefully imitated. She must therefore guard against faulty technique and do her work quietly and systematically.

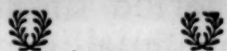
Transfer Responsibility.

When the nurse feels that her duties have been thoroughly explained and demonstrated, the responsibility of the new babe should then become the mother's. After this the nurse may play the role of pupil and interfere only when errors are made.

At the termination of this, the third week, it is assumed that the mother is capable of caring for her own child.

Her joy and willingness in accepting the responsibility is the best proof of the nurse's efficiency.

After a few weeks a call on a happy mother and babe repays the nurse for her effort to leave them both well.



Death Rates of Mothers from Childbirth, 1921.

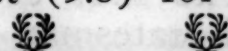
The Department of Commerce announces that the compilations made by the Bureau of the Census show lower death rates of mothers from childbirth or puerperal causes in 1921 than in any year since 1917.

For the nine states and the District of Columbia (constituting the "Birth Registration Area" of 1915, exclusive of Rhode Island), the death rate from puerperal causes in 1921 was 6.5 per 1,000 live births, as compared with 7.6 in 1920, 6.8 in 1919, 8.9 in 1918, 6.3 in 1917, 6.2 in 1916, and 6.1 in 1915. The relatively high rates for the years 1920, 1919, and 1918 were doubtless due, for the most part at least, to the epidemics of influenza which prevailed in those years and which took heavy toll of pregnant women. The ratio of deaths from childbirth to the number of women bearing children in the year 1921 was about 1 to 150.

Of the 27 states for which figures are available, South Carolina has the highest 1921 death rate from puerperal

causes (9.8 per 1,000 live births) and Connecticut the lowest (5.3).

Rates for the white and colored are shown for only the six states of Kentucky, Maryland, Mississippi, North Carolina, South Carolina, and Virginia. For 1921 the highest rate for the white (7.8) appears for South Carolina and the lowest (5.7 each) for Kentucky and Virginia, while for the colored the highest rate (14.8) appears for Kentucky and the lowest (9.6) for Maryland.



MORBIDITY.*

Smallpox.

Twenty cases of smallpox have been reported, distributed as follows: Eureka 3, Fresno County 1, Los Angeles 1, Madera 2, Modesto 2, Oakland 1, Orange County 1, Sacramento 1, San Francisco 2, Santa Paula 3, Stanislaus County 2, Ventura 1.

Typhoid Fever.

Six cases of typhoid have been reported from the following localities: Eureka 1, Huntington Park 1, Imperial County 1, Los Angeles 1, San Francisco 1, San Luis Obispo County 1.

Cerebrospinal Meningitis.

Three cases of cerebrospinal meningitis have been reported, Los Angeles reporting 1 and San Francisco 2.

*From reports received to date for last week.

COMMUNICABLE DISEASE REPORTS.

Disease	1922-1923				1921-1922			
	Week ending			Reports for week ending Jan. 6 received by Jan. 9	Week ending			Reports for week ending Jan. 7 received by Jan. 11
	Dec. 16	Dec. 23	Dec. 30		Dec. 17	Dec. 24	Dec. 31	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	8	3	1	3	4	3	4	2
Chickenpox	118	85	79	147	94	84	61	123
Diphtheria	171	211	190	130	384	305	256	266
Dysentery (Bacillary)	1	2	1	0	0	6	0	0
Epidemic Encephalitis	3	1	2	0	1	2	3	0
Gonorrhoea	125	97	61	113	155	66	67	131
Influenza	26	25	18	19	16	10	20	40
Leprosy	0	0	1	0	1	1	1	0
Malaria	2	2	2	1	0	0	1	2
Measles	24	25	32	57	14	31	15	10
Mumps	17	15	12	11	95	46	36	83
Pneumonia	96	128	80	72	99	122	143	97
Poliomyelitis	0	0	0	0	8	3	3	2
Scarlet Fever	156	132	119	118	181	160	120	94
Smallpox	4	12	11	20	114	132	136	128
Syphilis	130	63	84	92	109	78	41	83
Tuberculosis	157	89	159	141	147	95	114	150
Typhoid Fever	9	19	7	6	19	11	11	7
Whooping Cough	71	36	47	70	30	36	30	28
Totals	1118	945	906	1000	1471	1191	1062	1246